



Office Use Only:

Date of Conditional Approval (not to exceed 6 months): _____

Date of Final Approval (at least 3 months after conditional approval): _____

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

INSPECTION AGENCY APPLICATION

INSTRUCTIONS

Requirements

Submit proof of the following:

- ☐ Submit proof of general liability insurance and errors and omissions insurance, each in the amount of at least \$1,000,000.
- ☐ Complete an *Inspection Information* form for each inspector who will conduct inspections in Delaware..
- ☐ Submit proof of the qualifications of each inspector consisting of the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

Conditional Approval

When the Board office receives proof of insurance and inspector qualifications, the Board may grant conditional approval of the Inspection Agency permit for a period of six or fewer months. Final approval must be at least three months after conditional approval.

1. Name of Main Delaware Office: _____

2. Office **Location** Address: _____

Street address (no PO Box)

_____ DE _____
City Zip

3. Office **Mailing** Address (if different): _____

_____ DE _____
City Zip

4. Phone: _____ Email: _____

5. Are there other office locations? Yes ☐ No ☐ If yes, enter the following information about **each** location. If you need more room, enclose a separate sheet with the same information.

DOING BUSINESS AS NAME	LOCATION ADDRESS (street, city, zip)	IS THE MAILING ADDRESS DIFFERENT? (If yes, enter mailing address.)	CONTACT INFORMATION (phone, email)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

6. Check the county(ies) this agency will serve: ☐ New Castle ☐ Kent ☐ Sussex

7. List each full-time inspector who will conduct electrical inspections in Delaware. If you need more room, enclose a separate sheet:

NAME	NATIONALLY CERTIFIED?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Complete an *Inspection Information* form for each nationally-certified inspector listed above.

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license..

AFFIDAVIT

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____.

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE
REQUIRED FEE WILL BE REJECTED.**



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

INSPECTOR INFORMATION

Complete one of these forms for *each* inspector listed on the agency's application form.

IDENTIFYING INFORMATION

1. Name of Inspector: _____
2. Address: _____
- City: _____ State: _____ Zip Code: _____

EMPLOYMENT AND EXPERIENCE INFORMATION

3. Date Hired by Applying Agency: _____
4. Inspectors must have at least seven years experience. Complete information below about this experience. If you need more room, enclose a separate sheet.

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	
		From	To

Submit proof of experience consisting of the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

EXAMINATION INFORMATION

5. Enter the dates the inspector passed each examination administered by a nationally-recognized testing agency and approved by the Division of Professional Regulation:

EXAMINATION	DATE PASSED
Electrical One- and Two-Family dwellings (within 18 months of employment as an inspector)	
Electrical General (within 18 months of employment as an inspector)	
Electrical Plan Review (within 24 months of employment as inspector)	

CERTIFICATION

I certify that the information provided about the inspector above is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

SIGNATURE: _____ Date: _____

Printed Name: _____